

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL053004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARKVIEW RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WICKER STREET EXT SANFORD, NC 27330
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Frank Strickland and Ed Miller on 02/03/2015:</p> <p>Records indicates this facility was either first licensed or submitted on 06/01/1988 as a HA. Additions to the facility were made in 1996 and 1998 and the facility is currently licensed for 116 Beds. Therefore, this facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the applicable portions of the 1987/1996 Minimum Standards and Regulations for Homes for the Aged and the 1978 /1996 (with revisions) Editions of the North Carolina State Building Code(s)- Institutional Occupancy.</p> <p>Cited deficiencies have been observed and documented. A Plan of Correction is required.</p>	C 000		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1-Based on observations, the facility plumbing equipment was not provided or maintained in a safe manner by allowing cross connects. This may effect all residents by potentially siphoning</p>	C 189		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL053004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARKVIEW RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WICKER STREET EXT SANFORD, NC 27330
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 1</p> <p>waster water into the domestic water system.</p> <p>Findings on 02/03/2015: The spray hose for the hair wash sink that is located in the Salon Room does not have a vacuum breaker.</p> <p>2-Based on observations, the facility mechanical system has not maintained.</p> <p>Findings on 02/03/2015: All of the HVAC and mechanical exhaust fan return-air grilles and ductwork collars have excessive particulate build-up.</p> <p>3-Based on observations, the facility ceiling penetrations have not be maintained in a safe manner. This may effect all residents and staff by not containing smoke and/or fire from migrating into the attic.</p> <p>Findings on 02/03/2015: The flue collar was not secured and sealed where a flue pipe penetrates the one-hour roof/ceiling assembly that is located in the Storage Room accross the hall from the Kitchen. The integrity of fire-stopping shall be maintained.</p> <p>4-Based on observations, the facility has not maintained in a safe manner the maintenance of the operation of the doors. This may effect all residents and staff by not containing smoke and/or fire.</p> <p>Findings on 02/03/2015: The doors in Rooms 2 and 521 do not latch.</p> <p>5-Based on observations, the facility ceiling penetrations through the one-hour roof/ceiling assembly into the attic have no fire-resistance.</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL053004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARKVIEW RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WICKER STREET EXT SANFORD, NC 27330
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 2</p> <p>This may effect all residents and staff by not containing smoke and/or fire in the fire compartment or the room of origin.</p> <p>Findings on 02/03/2015: The make-up air ductwork for all gas appliances that penetrate the one-hour roof/ceiling assembly and terminate in the attic do not have any fire-resistance measures in place at the ceiling elevation or in the attic.</p>	C 189		